



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO

BUMEDINST 6300.24

BUMED-M3

3 May 2019

BUMED INSTRUCTION 6300.24

From: Chief, Bureau of Medicine and Surgery

Subj: CAREGIVER OCCUPATIONAL STRESS CONTROL PROGRAM

Ref: (a) DoD Instruction 6490.05 of 22 November 2011
(b) OPNAVINST 6520.1A
(c) NTTP 1-15M of December 2010

Encl: (1) Training and Procedures for Caregiver Occupational Stress Control
(2) Caregiver Occupational Stress Control Team Leader Letter of Appointment

1. Purpose. This instruction amplifies reference (a), establishes policy, and assigns responsibilities to implement a standardized, comprehensive caregiver occupational stress control program to help mitigate occupational stress and related sequelae in Navy Medicine (NAVMED) personnel. Caregiver occupational stress control aims to enhance the medical force mission readiness of Navy health care providers by supporting psychological readiness and the prevention of stress-related caregiver injury and illness, and supporting their ability to render safe, quality patient care. Enclosure (1) provides the framework for the implementation of caregiver occupational stress control across NAVMED and subordinate activities to Bureau of Medicine and Surgery (BUMED). Enclosure (2) is provided as a sample appointment letter for the caregiver occupational stress control team leader. Initial caregiver occupational stress control instructor training will be provided by Naval Center for Combat and Operational Stress Control (NCCOSC) (BUMED-M334) and by caregiver occupational stress control subject matter experts (SME). Instructor trainers will subsequently train their local caregiver occupational stress control teams.

2. Scope and Applicability. This instruction is applicable to all caregivers within NAVMED and subordinate activities to BUMED. Government contractors may attend government sponsored training at no cost to the government when such training is determined necessary by the commanding officer (CO) in consultation with the contracting officer. Reserve Component commands are encouraged to incorporate as many of the components of this program as practicable and desired.

3. Background. Per reference (a), the Department of Defense (DoD) has established the mitigation of combat and operational stress injuries in military personnel as a top priority. Reference (a) establishes the caregiver occupational stress control specific training requirements for medical, chaplain, and mental health personnel that support psychological health in military operations and the early detection and management of combat and operational stress reactions

in order to preserve mission effectiveness and warfighting capabilities and mitigate the adverse physical and psychological consequences of exposure to severe stress. The Navy's response has included the implementation of training on vital fleet health and readiness issues, including combat and operational stress control, per references (b) and (c). Reference (c) provides the basis for all combat and operational stress control, delineates the goals of successful combat and operational stress control and caregiver occupational stress control programs, and emphasizes the need for specific programming to address medical and religious personnel who serve in caregiver roles. Reference (c) also provides a foundation so leaders can understand the value of recognizing and addressing combat and operational stress issues and why this skill is so important to the well-being of Marines and Sailors.

4. Policy. The concept of "caregiver" in this context refers to all personnel who assist in the identification, prevention, and treatment of illness or disability.

a. Caregiver occupational stress control is designed to promote the resilience of caregivers, strengthen unit cohesion, promote peer intervention, and support command level assessment and consultation of the occupational stress environments of caregivers. Caregiver occupational stress control is intended to support increased job satisfaction, higher retention, and increased caregiver preparedness for operational and occupational demands. The three core objectives of this program as outlined in reference (c) are:

- (1) Early recognition of caregivers in distress.
- (2) Peer intervention.
- (3) Early connection with services as needed.

b. In support of these objectives, NAVMED commands have developed the capacity to provide standardized caregiver occupational stress control education and training for all personnel.

5. Implementation. Caregiver occupational stress control program and training procedures are outlined in enclosure (1). Caregiver occupational stress control is comprised of several interrelated components:

- a. Standardized caregiver occupational stress control training.
- b. Caregiver occupational stress control is to be considered a readiness program, intended to be one of many commander tools to support caregivers. Caregiver occupational stress control is a readiness program, intended to be one of many commander tools to support caregiver

readiness. Caregiver occupational stress control teams will provide caregiver occupational stress control training, buddy care and peer-to-peer support, unit assessment, and consultation with mental health and pastoral care professionals when indicated on stress-related work events.

c. The caregiver occupational stress control team leader is responsible to the CO via the executive officer (XO), and directors as applicable, for command caregiver occupational stress control consultation and assessment results and caregiver occupational stress control reporting requirements outlined in NAVMED 6300/20 Caregiver Occupational Stress Control Program Quarterly Report.

d. Evidenced-based measures and exercises that address psychological readiness, coping, burnout, satisfaction with life, resilience, and well-being across several domains are tools that can be utilized by caregiver occupational stress control team members to facilitate participants' knowledge about their current functioning.

e. Caregiver occupational stress control team members will conduct individual buddy care stress and coping assessment and intervention for staff members as needed or requested. Buddy care or peer-to-peer support intervention may be used to address staff members experiencing occupational fatigue, compassion fatigue, caregiver stress, and burnout. Caregiver occupational stress control teams must be comprised of a multidisciplinary network of trained peer counselors under the cognizance of the caregiver occupational stress control team leader to provide confidential support for a staff member.

f. The stress continuum model, caregiver occupational stress first aid, and core leaders functions will be used as assessment tools by the caregiver occupational stress control team to assist leaders in awareness of the risks, vulnerabilities, and strengths of their units. A unit based assessment and consultation may be requested by a unit or command and is indicated when there are observable changes in function, statements of distress, or known stress exposure.

g. The stress-o-meter is an optional caregiver occupational stress control tool that can be used as a subjective tool to provide a stress-level "dashboard" for command leadership. The stress-o-meter is an interactive version of the stress continuum model designed as a "pop-up" style window that will appear when a staff member accesses their internet, at a periodicity decided by the command.

h. The caregiver occupational stress control team leader will be responsible to complete a quarterly report per NAVMED 6300/20 which will be submitted to BUMED-M334 via the local and regional chains of command. The caregiver occupational stress control team leaders for each medical treatment facility (MTF) will participate in a quarterly teleconference with BUMED-M334 to report on program status and receive program updates.

i. BUMED-M334 will support program evaluation initiatives to assess the overall effectiveness of the caregiver occupational stress control program. Program evaluations will measure the extent in which the components of the caregiver occupational stress control

program were implemented to assess the fidelity of the program. The program evaluations will also include confidential, standardized, and evidence-based assessment, post training surveys, and when appropriate hospital metrics that measure staff well-being and quality and safety of patient care. Through the collection and tracking of these variables in a centralized database, reports can be generated for command leaders. Results will be utilized to inform caregiver occupational stress control program updates and adjustments as necessary.

6. Roles and Responsibilities

a. Assistant Deputy Chief, Healthcare Operations (BUMED-M3) must:

- (1) Determine training requirements based on DoD policy, current standards of care, best practices, and lessons learned.
- (2) Ensure integration of the caregiver occupational stress control policy and training into commands to foster culture change.
- (3) Program for funding for the caregiver occupational stress control program.

b. Branch Head, BUMED-M334 must:

- (1) Function as SMEs and provide oversight of the caregiver occupational stress control program for NAVMED.
- (2) Develop a caregiver occupational stress control assessment, program evaluation, and program reporting process for the caregiver occupational stress control program.
- (3) Develop initial caregiver occupational stress control content and provide multimodal access to training materials for instructor trainers.
- (4) Collaborate with Education and Training (BUMED-M7) on Caregiver Occupational Stress Control Lessons Training Guide (available via the Caregiver Occupational Stress Control Center Web site at <https://esportal.med.navy.mil/bumed/rh/m3/m33/nccosc/programs/cgosc/dev/index.aspx>.)
- (5) Coordinate with BUMED-M7 on continuing medical education and unit credits for caregiver occupational stress control training attendance.
- (6) Conduct biennial curriculum review and updates as necessary.
- (7) Support NAVMED East and NAVMED West representatives in the maintenance of the caregiver occupational stress control program.

c. Assistant Deputy Chief, BUMED-M7. Coordinate with BUMED-M334, other BUMED codes and commands, uniformed medical departments, and Federal agencies on education and training program and policy issues.

d. NAVMED Echelon 3 Commands must:

(1) Collaborate with BUMED-M334 on the management of the caregiver occupational stress control program for NAVMED.

(2) Ensure commands are submitting quarterly reports to Branch Head, BUMED-M334 as outlined in NAVMED 6300/20.

(3) Establish caregiver occupational stress control SME points of contact (POC) for program sustainment.

e. NAVMED COs, and Officers in Charge must:

(1) Establish a caregiver occupational stress control program and an appropriate sized command caregiver occupational stress control team to ensure support and effective execution of program elements.

(2) Ensure command personnel complete the caregiver occupational stress control training requirements outlined in enclosure (1), subparagraphs 5(a) through (c).

(3) Ensure quarterly reports are submitted to regions using NAVMED 6300/20, and team leaders attend quarterly teleconferences with BUMED-M334.

(4) Ensure the caregiver occupational stress control team remains current in caregiver occupational stress control training and program elements.

(5) Identify in writing a caregiver occupational stress control team leader and facilitate the creation of the caregiver occupational stress control team, including an assistant leader and a multidisciplinary team.

f. Caregiver Occupational Stress Control Teams. Must be comprised of a designated mental health professional and a pastoral care personnel. The caregiver occupational stress control team will:

(1) Promote the caregiver occupational stress control program within their respective commands which will consist of representation from all applicable peer groups, to include but not limited to, licensed independent providers, nursing, ancillary staff, enlisted staff, officer staff, and civilian staff.

- (2) Conduct caregiver occupational stress control briefs and training, as noted in enclosure (1), subparagraph 5(a) through (c).
 - (3) Provide caregiver occupational stress control briefs, training, and assessments as requested by the command.
 - (4) Provide buddy care and peer-to-peer assessment and training for staff members as needed or requested.
 - (5) Promote and support a culture of positive psychological health and resilience.
 - (6) Consult with mental health professionals as indicated, particularly if a staff member is demonstrating orange zone symptoms as defined in reference (c).
 - (7) Ensure instructor trainers attend the caregiver occupational stress control instructor trainer course and complete refresher training every 3 years. To meet this requirement, command team leaders can coordinate a local course for all caregiver occupational stress control instructor trainers to review current caregiver occupational stress control training course material. Caregiver occupational stress control training material is available via the BUMED-M334 Caregiver Occupational Stress Control Support Center Web site (see subparagraph 6b(4)).
 - (8) Create an adjunct group primarily comprised of licensed individual providers for peer-to-peer intervention for patient-related adverse events. This group will liaise with health care resolution to support caregivers following an adverse event. Peer counselors are required to attend a day long caregiver occupational stress control course covering caregiver occupational stress first aid, self-care, and buddy care.
 - (9) Provide unit assessment and consultation with unit leaders as requested or needed when observable changes in function or statements of distress are apparent, noticeable decrease in the morale in a unit, during or after a sentinel event, or after a special psychiatric rapid intervention team (SPRINT) event or caregiver occupational stress control first aid intervention.
 - (10) Provide guidance to caregiver occupational stress control team members in conducting buddy care or peer-to-peer interventions using caregiver occupational stress first aid strategies, especially during a difficult peer-to-peer intervention. In addition, provide guidance in conducting an occupational stress environment or unit assessment or counseling using caregiver occupational stress first aid strategies.
- g. Caregiver Occupational Stress Control Team Leader. Must consist of an officer (O3-O5), senior enlisted (E7-E9), or general service (GS)-11 or above staff member with leadership and managerial skills for coordinating, supervising, delegating training team activities, and implementing program components. The team leader is required to attend the caregiver

occupational stress control instructor trainer course. Responsible for all caregiver occupational stress control reporting requirements. The caregiver occupational stress control team leader must:

(1) Provide oversight of the command caregiver occupational stress control program and act as direct liaison to the XO.

(2) Provide command caregiver occupational stress control consultation and assessment results as applicable to the CO via the XO.

h. Caregiver Occupational Stress Control Assistant Team Leader. Officers (O3-05), senior enlisted (E7-E9) or GS-11 or above staff member with skills for developing caregiver occupational stress control trainers, supporting the team leader, and monitoring quality of training. Assist team leader in implementing and monitoring caregiver occupational stress control activities. The assistant team leader is required to attend the caregiver occupational stress control instructor trainer course.

i. Caregiver Occupational Stress Control Team Members. Any staff member who demonstrates skills in interpersonal communication and facilitation skills for individuals and small groups, and understanding of the combat and operational stress control doctrinal guidance per reference (c). The goal is to reflect an inter-disciplinary team with representation for each specialty from all directorates and departments. Caregiver occupational stress control team members must attend an in-person trainer course provided by the command's caregiver occupational stress control instructor trainers ideally within 3 months of appointment, and complete at a minimum: Resilience, Caregiver Occupational Stress First Aid, Self-Care and the Buddy Care portion of the caregiver occupational stress control training. Caregiver occupational stress control team members will participate in a mentored process to develop core caregiver occupational stress control team skills and work toward caregiver occupational stress control instructor skills.

j. SPRINT and Caregiver Occupational Stress Control Team. SPRINT may be called upon to support MTFs after traumatic events. These situations may be better suited for the local caregiver occupational stress control team. In these situations, the head of special psychiatric rapid intervention team will consult with the local caregiver occupational stress control team leader prior to SPRINT activation. The SPRINT and caregiver occupational stress control team leads will discern which team and what resources are most appropriate to address the request for consultation.

k. Head, Staff and Education Training Department must:

(1) Ensure compliance and documentation of training requirements.

(2) Provide support to local training events as needed.

3 May 2019

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy (SECNAV), and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Forms and Information Management Control

a. Forms. NAVMED 6300/20 Caregiver Occupational Stress Control Program Quarterly Report is available at: <https://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

b. Information Management Control. The reports required in subparagraphs 5c, 5h, 5i, 6b(3), 6d(2), and 6e(3) of this instruction are authorized by report control symbol NAVMED 6300-5.


C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

TRAINING AND PROCEDURES FOR CAREGIVER
OCCUPATIONAL STRESS CONTROL

1. All MTFs and Navy Medicine Readiness and Training Commands are required to develop the capability to provide a caregiver occupational stress control program.
2. Training for Caregiver Occupational Stress Control Instructor Trainers will include the following components:
 - a. Combat and operational stress control doctrine and theory to include the stress continuum model, core leader functions, and caregiver occupational stress first aid.
 - b. Buddy care and peer-to-peer intervention.
 - c. Occupational stress first aid, self-care, and buddy care training (including recognition and intervention for burnout, compassion fatigue, and compassion satisfaction measures and exercises) will be used to promote self-awareness and early recognition of stress reactions and injury.
 - d. Unit assessment and consultation.
 - e. Resilience building principles.
 - f. Program implementation and reporting requirements.
3. Training for Caregiver Occupational Stress Control Team Members:
 - a. Resilience.
 - b. Caregiver occupational stress first aid.
 - c. Self-care.
 - d. Buddy care and peer-to-peer intervention.
4. Training for Adjunct Caregiver Peer-to-Peer Support:
 - a. Caregiver occupational stress first aid.
 - b. Self-care.
 - c. Buddy care and peer-to-peer intervention.

5. Caregiver occupational stress control standardized command training will be comprised of multiple topics. Training will be conducted by caregiver occupational stress control instructor trainers using lesson training guides, presentations, group discussion, and surveys.

a. Command indoctrination training will include introduction to caregiver occupational stress first aid, stress continuum model, and core leader functions. Training should be documented in the Fleet Management and Planning System and Swank HealthCare to meet operation stress control general military training requirements per reference (b).

b. Once per tour, training will include resilience, occupational stress, and self-care. This will include recognition and intervention for burnout, compassion fatigue, and compassion satisfaction.

c. Caregiver occupational stress first aid, resilience, and occupational stress, and self-care can be provided at any time at the request of the command or units.

6. When applicable, and at the request of command leadership, department and divisions, unit assessments, and consultation may be conducted by caregiver occupational stress control teams. Team leaders will be responsible to document and track unit assessment encounters per NAVMED 6300/20.

7. When applicable, and at the request of the individual, buddy care intervention may be conducted by caregiver occupational stress control teams. Team leaders will be responsible to document and track buddy care encounters per NAVMED 6300/20.

8. The Caregiver occupational stress control team will utilize other opportunities and venues to instruct and facilitate the components of caregiver occupational stress control. This includes but is not limited to departmental training, general marketing, health fairs, symposiums, general chief petty officer and officer training, and safety stand-downs.

9. The caregiver occupational stress control team will collaborate with existing personnel support programs (e.g., provider wellness programs, health promotion and wellness programs, healthcare resolution, adverse event reporting, team strategies and tools to enhance performance and patient safety, pastoral care, and SPRINT) to address caregivers involved in adverse events, and coordinate strategies to enhance performance and patient safety.

10. The caregiver occupational stress control team will collaborate with their local instructor trainers department and BUMED-M334 in establishing the stress-o-meter as a tool to provide a confidential real-time “snapshot” of command personnel’s stress level.

11. The caregiver occupational stress control team will meet periodically (no less than quarterly) for planning, review, and evaluation of caregiver occupational stress control training, activities, and events.

12. As a special program, caregiver occupational stress control representation should be included on councils and committees associated with personal readiness and health and well-being.

13. Caregiver occupational stress control program elements support the Blue-H Navy Surgeon General's Health Promotion and Wellness Award, that guides, encourages, and rewards the promotion of health in Navy and Marine Corps organizations.

14. The goals of caregiver occupational stress control training include:

a. Employ resilience techniques to address psychological readiness, identify and differentiate occupational stress reactions using the stress continuum model, caregiver occupational stress first aid (continuous, primary, and secondary aid), and sources of stress injury framework.

b. Recognize peer stress reactions and injury crisis behaviors requiring principles of caregiver occupational stress first aid intervention, with the goals of ensuring safety, preserving life, preventing further harm, and promoting recovery.

c. Respond with appropriate and tailored support, reflective of combat and operational stress control doctrine outlined in reference (c), to the individual and organizational context using selective and indicated prevention strategies.

d. Integrate caregiver occupational stress control principles into clinical leadership skills and management strategies as applicable.

BUMEDINST 6300.24
3 May 2019

CAREGIVER OCCUPATIONAL STRESS CONTROL TEAM LEADER
LETTER OF APPOINTMENT

(Command Letterhead)

6300
Date

From: Commanding Officer
To: Name of Appointee

Subj: CAREGIVER OCCUPATIONAL STRESS CONTROL TEAM LEADER
APPOINTMENT LETTER

Ref: (a) BUMEDINST 6300.24

1. Per reference (a), you are hereby appointed to serve as the command caregiver occupational stress control team leader.
2. You are to familiarize yourself with the responsibilities of a caregiver occupational stress control team leader outlined in subparagraph 6g of reference (a). In addition, you are to familiarize yourself with training requirements and procedures for maintaining a caregiver occupational stress control program.
3. You must notify your executive officer and inform the Branch Head, BUMED-M334 upon receipt of orders for permanent change of station, release from active duty, discharge, resignation, or retirement, and provide your recommendation for an appropriate interim replacement or successor.
4. Your appointment is effective immediately and will remain in effect until reassignment from your current position or until this appointment is cancelled in writing, whichever occurs first.

[CO or authorized official]

Copy to:
BUMED-M334
Appointee's supervisor

Enclosure (2)